

**TeenSMART (TSO) Addendum
Applicant's Meeting
RFA Questions and Answer
November 13, 2003**

TSO RFA is available on website, <http://www.dhs.ca.gov/ofp>

Letter of Intent was due on November 12, 2003, but the deadline has been extended. Letters of Intent will be accepted through November 17, 2003.

Applications are due no later than 5:00 PM on Friday, December 5, 2003.

The application review process is a four (4) stage process. If the application has items missing it will not pass Stage 1 and it will not be reviewed any further.

Some of the forms may be labeled I&E. This was an oversight. OFP will correct and reissue them to read "TeenSMART Outreach."

Grievance deadline is fifteen (15) working days after the TSO awards are announced. The final day for grievance filing will be delineated in the denial letter.

Fax additional questions by 5:00 PM on November 13, 2003. Answers will be reviewed and some may change. OFP will send an email when Q & A's are posted on the internet and a letter will be sent to all agencies requesting an application.

1. I verified there is \$1.7 million for twenty (20) to twenty-five (25) awards. Are these estimations the same?

There is \$1.68 million available for this RFA process. We expect to fund between 20 to 23 applications.

2. Is a match fund required for this program?

No.

3. Was this program offered last fiscal year? If so, what was the funding amount and the number of grants awarded?

Yes, OFP funded TSO projects through June 30, 2003. The funding varied from \$40,000 to \$90,000. There were between twenty-three (23) and twenty-five (25) agencies funded last year.

4. Is the applicant advised to contact the program officer before applying?

No.

5. How competitive is this grant program?

It is very competitive. We anticipate sixty (60) to seventy-five (75) applications.

6. This question is regarding Part I RFA Section I "Intent and Purpose" F. RFA Forms Page 2. It states the RFA forms can be downloaded from the OFP's website. Is this correct?

The application and forms are on our website (<http://www.dhs.ca.gov/OFP/OFP%20main/RFA.htm>) and they can be downloaded.

7. This question is regarding Part II Section 3: "Section Requirements" G. Teen Pregnancy Prevention Program Collaboration and Linkages on page 46. This section states we should use Attachment V to list the name of each TPP contractor, however, Attachment V on page 135 is titled "Information and Education" not TeenSMART Outreach. Should we go ahead and use this form or will a new TSO-specific form be forthcoming.

Attachment V will be changed to read "TeenSMART Outreach." The new form will be the same except the title will be changed. You can use the I & E Attachment V form in the meantime.

8. This question is regarding the page limit in Part II Section 3: "Section Requirements" I. Project Description page 47. The page limit is not to exceed six (6) pages; however the Checklist Form (Attachment III) states the limit for the Project Description is four (4) pages. Should the project description be 4 or 6 pages?

The Project Description is limited to 4 pages. The requirement in the RFA stating the project description is limited to 6 pages is incorrect.

9. This question addresses Part II Section 3 "Section Requirements" Section L: Budget and Budget Justification, page 50 under number one Line Item Budget Requirement. What is the time period for the first project period?

It will start January 1, 2004 and will end in June 30, 2004. Grantees will receive funds for a full fiscal year. Subsequent years will be a 12-month budget.

10. What Family PACT Provider Number should be used?

Your Medi-Cal provider number converts to a HAP Family PACT number so you may list either number. It has to be a Medi-Cal Provider Number or a HAP Number.

11. Is the local evaluation component supposed to be the same or similar to the current MIP and CCG local evaluation?

Yes, it is a requirement for all TSO providers. We do have contractors that are working very closely with us on the statewide evaluation as well as the local evaluations; as soon as we award TSO funds, new grantees will meet with our local evaluators to help design the local evaluation. We will provide you with technical assistance to design your local evaluations.

12. When will the Addendum and the corrected downloaded forms be available?

We will provide the Addendum and the corrected forms before November 27, 2003. We will send you an email once they are posted on the website. We will also provide them by mail.

13. Why are linkages to TPP programs being emphasized? Requiring linkages to Family PACT programs (as in the I&E) would seem to make more sense for this program that focuses on getting teens into care.

This program is funded in part with federal dollars from Medicaid 1115 Waiver Demonstration Project funds. In order to receive funding from the federal government, we have to establish linkages between TSO and Family PACT (Planning, Access, Care, Treatment) Clinical Services.

Secondly, one of the major initiatives OFP has undertaken this year is to require the Teen Pregnancy Prevention (TPP) programs to provide linkages to Family PACT. It is modeled after the TSO program, which was the first program to have the linkage to clinical services. The link was such a success that we are asking all TPP programs to address a clinical service linkage.

We want to see that all TPP programs are in partnership with Family PACT providers. That means we want Family PACT providers to be at the table when TPP programs that are being developed. For many that are already Family PACT providers we want to see you collaborating and working with other TPP programs operating in

your geographic area such as the Adolescent Family Life Program (AFLP).

We want to make sure that applicants build a referral network for clinical family planning services in your area(s). Applicants should offer the ability to link adolescents from the clinic to other types of TPP programs and from the TPP programs back into the clinic(s). Linkages to other local programs such as the Wellness Foundation and other federal (and county) grant programs would also strengthen an application. We know that not all geographic areas have TPP programs, so you can state in your application that other TPP programs do not exist in the area.

14. The RFA mentions the term “match documentation” but it does not describe the term in the body of the RFA. Where can we find more information regarding this “match”?

That is a mistake. There is no match for the TSO application process.

15. The budget for the first year is submitted for a six (6) month period?

We already answered that in question number nine (9). The answer is yes.

16. Is there a maximum percentage that can be used for fringe benefits? Is twenty-five percent (25%) okay?

See page 52, TSO RFA:

Expense the benefits as a percentage of the total personnel salaries. Benefits cannot exceed those already established by the applicant prior to the award of grant. Employer contributions or expenses for social security, employee life and health insurance plans, unemployment insurance and/or pension plans are allowable budget items. The amount allowed for fringe benefits should be a reasonable percentage based on each agency's need and must be justified.

17. In the budget, can we write-in administrative and clerical staff for less than fifty percent (50%) if we justify it?

Staff positions must be funded at 50-100% FTE (full time equivalent) unless the Applicant can justify funding of a new or existing position at less than 50% FTE, e.g. peer educators.

18. Do we need to submit budgets for years 1, 2, and 3?

No, you only need to submit the budget for the first six (6) months. You will receive instructions later for years two and three.

19. For year 1 funding (January 1st – June 30th), is the funding level at ½ year or full year's funding?

We will provide you with a full year of funding (12 months), for 6 months. We expect you to use the full 12-month allocation to pay for start-up costs such as equipment, education materials, and etc., things you will need to start your TSO Program. Please be advised that you have to be cautious with funding positions because the funding will probably remain the same and not increase for years two (2) and three (3). The funding will probably remain the same for the entire three (3) year period.

20. As collaboration with TPP programs is required, how should we go about finding out who receives OFP funding in our area? Is there a database or listing of all TPP grantees?

There is a database of all TPP grantees. We will make it available on our website and we will send you an email confirming this.

21. If we are already a TPP agency, do we need to collaborate with other TPP agencies?

Yes, you need to collaborate with other TPP agencies and other community organizations. Collaboration in your community will strengthen your application.

22. Are you looking for targeted outreach towards high-risk youth or a broad outreach to a larger number of lower-risk teens?

TSO is targeted for high-risk youth. You should use the Teen Hot Spot Report document and focus on adolescents at highest risk for pregnancy or causing pregnancy.

23. Youth service personnel is not a "target population." Can we include this group as a "population" we intend to network with?

Certainly youth service personnel is a group of individuals we want to see collaboration with because they are providing services and making contact with adolescents but they are not a target population for TSO.

Pre-sexually active, sexually active, and parenting teens are the target populations for this RFA. It is up to you to define which groups you will be targeting

24. How many target populations are there?

There are actually three (3) target populations for TSO: Pre-sexually active adolescents, sexually active adolescents, and parenting teens.(See page ten of the RFA) The TPP Program has six target populations, but for this particular program, there are only three (3). You might want to address in a particular geographic area, a particular ethnic group or a school but it all has to fall within the three (3) target populations.

25. Is the “clinic outreach” strategy required to be a curriculum-based strategy?

No, it does not require a curriculum. TSO does informational presentations and they can be short, they may be one-on-one, they do *not* involve eight (8) hour sessions; it is reaching out to particular adolescents.

In 1998, TeenSMART clinics were integrated into Family PACT. All counseling services were then reimbursed under this Medi-Cal fee-for-service program. TSO provides funds for reaching out to adolescents; to assist them in accessing clinical family planning services for purposes of preventing unintended pregnancies and treating sexually transmitted infections (STI's).

Applicants are encouraged to read the strategy section that defines all the strategies that will be funded in TSO grants. TSO does not fund one-on-one and group counseling sessions or direct client care.

26. Can we pay a stipend to peer counselors? Can peer educators be paid as staff?

Yes. A stipend can be paid to peer counselors. It is a personnel cost. It can be listed as “other” if it is a sub-contract.

27. How many visits – group and individual – are expected?

It depends on the target population and community needs. We do not want to dictate this. It is up to you to tell us what is feasible in your community.

28. What are the main differences between this RFA and the RFA that was submitted in 2002 (the RFA that was previously annulled)?

There is not much difference between the two. Agencies can use their application submitted in 2002. We tried to minimize the changes except for updating purposes. If you applied for Tier 1, then it is the same concept and application. The previous application can be updated and sent in, in order to minimize the amount of work. Be sure to update the letters of commitment since staff often changes.

29. Is the TeenSMART clinical program a required or optional part of the TeenSMART Outreach Program? Does the applicant need to be a TeenSMART community-based clinic?

Yes, in order to qualify for TSO funds, RFA applicants must be designated as a TeenSMART Clinical Program in good standing, or must be a current Family PACT provider in good standing or who is willing to become a TeenSMART Clinical Program. Public/local health jurisdictions and non-profit community based clinics certified as Family PACT providers may apply for TSO program funds.

For those applicants that are not currently designated TeenSMART clinics, OFP will work with you to become a TeenSMART clinic.

30. Will you consider extending the deadline?

No, we are not going to extend the deadline. That would be a detriment to you because we want to get the money to the programs as soon as possible to get the projects up-and-running before the end of the fiscal year.

31. How are Teen Hot Spots defined and how do we find where they are?

The Teen Hot Spot Report was issued by the Epidemiology Section of the Maternal and Child Health (MCH) Program in 2001. It is based on the 2000 Census. You can get it from our office before you leave because it is not available on our website.

32. What is the due date for submitting this application?

The original application and all four copies must be received by OFP on or before 5:00PM December 5, 2003. Applications with a postmark before, on, or after December 5, 2003 but not received by 5:00 PM December 5, 2003 will be returned unopened. Faxed or emailed applications will not be accepted.

33. Are we required to submit our subcontractors' budgets? Or just the amount within our budget?

The budget submitted with the application must include the line item amount for the subcontractor. Please refer to page 66 (TSO RFA) for additional requirements, including:

The grantee must receive prior to approval in writing by the State before the Grantee enters into the subcontract, for any subcontract that exceeds \$5,000. The Grantee is to provide:

The subcontract agreement to OFP prior to finalization of the agreement(s) and prior to signing by both parties. The subcontract work plan and budget are to be attached.

34. What is the recommended number (or range) of sessions for this grant?

The number of sessions is based upon your community needs: what are the community needs and how much money you are asking for? What is the purpose? How do you define "need" in your community? Who you are partnering with? How many kids do you think will access clinical family planning services as a result of TSO funded outreach activities?

35. There are five (5) strategies listed; do we need to address all of them?

No, those are optional strategies that you can select from (similar to a menu). You should select the strategies that will fit your target populations and that are feasible in your community.

36. If we denoted in our intent to apply that we wanted to target pre-adolescents and we later switch to adolescents, is that acceptable?

Yes, it is acceptable. The Notice of Intent is not binding.

37. Do current funding streams for TPP include Family PACT dollars if the youth organization is a clinic?

No, Family PACT fee-for-service reimbursements do not need to be listed.

38. Can Letters of Commitment be used from last year's submission or do they have to be re-done?

Please update your Letters of Commitment. Use current information.

39. A. If we receive I & E money, can we still apply?
B. Can school-based clinics apply?

A. Applicants receiving I & E money can apply, if they are a Family PACT provider in good standing. However, these applicants need to address how they will coordinate the I & E program with the TSO program. OFP wants all four (4) programs working together as one TPP program with several components. If applicants have CCG or MIP, they can also apply for TSO, however, you must demonstrate how the programs will link and work together.

B. Can school-based clinics apply? Yes, if they are a Family PACT provider in good standing.

40. The “measurable objective(s)” (Attachment VII Part B Sample) lists a time frame that extends past the listed fiscal year. How are we able to list our objectives? Or are we to state that it will be accomplished within the fiscal year?

That was an error in our example and it should be listed as completed by June 30, 2004.

41. Reference forms are not necessary if you have previously had a TSO grant. Is that correct?

Yes, that is correct. If you were previously funded as TSO, you will not need reference forms. The reference forms are only for new TSO applicants.

42. How are you evaluating for “the ability to expand clinic services to accommodate additional teen clients”? This is in reference to the top of page 12.

The evaluation is still under development. We have a statewide evaluator. Dr Claire Brindis, at UCSF, is working closely with us to design the TSO Evaluation. It will be based upon outcomes. We will link Family PACT clinical services program with the TSO program. The evaluation methodology is still not fully developed. Once the evaluation plan is finalized, grantees will be required to attend evaluation meetings. OFP will provide technical assistance so that grantees know how to work with the forms and the evaluation tools.

43. What are the additional requirements for a Family PACT Provider to also be a TeenSMART Provider?

TeenSMART clinics have a number of components that are termed “teen-friendly”. Part of TeenSMART is there are other billing opportunities available in addition to Family PACT Clinical Services. It is basically the Family PACT program that is adapted to be suitable to adolescents. There are TeenSMART Program guidelines that clinics are expected to follow. In general, it would be components of a teen-friendly clinic: hours, waiting rooms, services, peer counseling, etc. There is an opportunity to create a program that fits your target populations and clinics.

44. Is there some sort of documentation or certification issued by OFP that defines the phrase “Family PACT Provider in good standing”?

If you are not in good standing, you probably already have heard from DHS. If there are any concerns about your performance as a Family PACT provider, we will notify you formally via a letter.

45. If there is not MIP or I & E programs in your area, should this be addressed in the narrative or will evaluators be familiar with what is available (or not) in each area?

We suggest that you address this in your application that you tried to find programs in your area. I cannot guarantee that all reviewers will have familiarity with all areas and programs operating in California. Please document it in your program description that you were unable to locate other TPP Programs. Again, we will send out the list of programs as well.

46. A. Do you require a Reference Form if you already are an I&E or MIP Provider already?
B. Do you need a Reference Form if you were an I&E and/or an MIP Provider in the past three (3) years?

A. No.

B. No. This does not apply to sub-contractors.

Subcontractors are considered new agencies and must submit references.

47. How does the OFP envision the TSO Program to differ from other education and outreach programs such as MIP, I&E, and CCG? Is the evaluation process similar?

It is different because we want the TSO program to focus on the highest risk teens/adolescents. This is the first year we are reaching the pre-sexually active adolescents.

MIP, I&E and CCG target populations that may or may not be adolescents. They are youth serving adults, trainers, parenting adolescents, males at risk for absentee fatherhood and parents. These programs require a minimum of 8 hours of an educational strategy (curriculum). MIP, I&E and CCG are longer-term pregnancy prevention strategies.

The evaluation will have three (3) components: State wide Outcome Evaluation, Process Evaluation and a Local Evaluation. The process evaluation (all progress reports and information collected), the outcome evaluation, which is being conducted by UCSF under Dr. Claire Brindis and will not be the same as MIP, I&E and CCG.

The local evaluation will be the same for all four (4) programs. Grantees will be trained on the technical aspects of the local evaluation. Grantees who do not work on the evaluation will forfeit their grant. The local evaluation is being conducted by ETR under Dr. Karin Coyle.

48. Will part of the evaluation be the increase of teens into clinical services?

Yes. You have to demonstrate that you are increasing the number of teens that will be utilizing the clinical program.

49. What is the difference between the Community Collaboration Section, the Teen Pregnancy Prevention Program Collaboration, and the Linkages Section? The latter is not mentioned in the Table of Contents.

These two concepts are addressed in the RFA: Collaboration and Linkages on page 35 and Community Collaboration on page 34.

The Community Collaboration is a definition of what OFP considers to be community collaboration; there are many different TPP programs that function in the same community and geographic area. OFP wants applicants to partner with these agencies as well as with other agencies that come into contact with teens that are high-risk.

For example, OFP wants applicants to collaborate with the local recreation center, the local schools, places where teens congregate. OFP wants applicants to invite those entities to the table and collaborate with them and partner with them to target the teens for TSO.

Collaboration and Linkages is a requirement in Section 13 on page 35. This item requires applicants to partner with existing AFLP, CCG, MIP, and/or I&E program functioning in your community. We want to know you have contacted them and they are aware of your program, and that you will work together on a community wide effort. For example, if you have a local mall with a health fair, your TSO and AFLP programs will have a booth that hands out leaflets, etc. together.

It is up to the applicant to define what is “community and the boundaries of their community”. It might be a particular town, or in the case of Los Angeles, it might be a particular neighborhood, or census tracts, etc. Development of a referral network with TPP providers and other identified community agencies is crucial.

50. You said that peer educators would fall under personnel in the budget, but fringe benefits is a percentage of total personnel costs and normally peer educators are paid in stipends and do not receive benefits.

It is up to applicants to decide how to pay for peer educators. Peer educators on some projects are full time and they have benefits, and it is not a stipend. If they receive a stipend, you may identify it under “operating expenses” or “other.” OFP will work with you if you are funded to design the budget.

51. In demonstrating need, other than geographical Hot Spots for teen pregnancy, what if there is a need for high-risk ethnic populations – i.e. does it help for certain agencies whose mission is to serve underserved populations such as Asian/Pacific Islanders, Hispanic, etc. to demonstrate their risk and need?

Yes, as you will notice in the project profile, you need to identify high-risk target populations. Applicants should address the socio-economic factors that point to a predisposition for high teen birth rates in the needs statement as well. It will definitely help applicants establish the need for TSO funds.

52. Can we use school agreements from the previous grant application submitted in 2002? If so, can we update at a later date?

Applicants may not use old school agreement forms. A new commitment form with the current administration will be required.

53. When submitting a duty statement, can a staff person be listed as half-time clinic staff and half-time outreach staff?

Yes, clinic staff can be half time, but you must document this in the budget justification.

54. Is a duty statement the same as a job description?

Yes.

55. If we are a community clinic who also has a school-based clinic, can we develop one application to do clinic outreach for both clinics? Do we need to separate our numbers?

Applicants can submit one application for both clinics. You do not want to compete against yourself.

56. Will you be looking at geographically “spreading out” the awards?

Yes. Geographic distribution of awards is one of four criteria listed in the RFA process. The review process is outlined on pages 15 through 26.

57. A. Which set of “goals” are we supposed to use? The TPP or TSO?
B. Are we to use only one goal throughout?
C. The “Sample Goal” (Attachment VII Part B) is not worded exactly as the provided goals. Are we to copy the goals verbatim?

A. Use TPP and TSO goals listed in Section III, page 6 of the RFA.

Please use the TSO goals to design your proposed project.

B. Use any of the five TSO goals that are appropriate for the project you are proposing.

C. Yes.

58. If we are currently working with peer providers as a CCG funded agency, can we use the TSO Strategy Four (4) (Peer Provided Services) to enhance their skills to connect their scope to clinical outreach, or will we need to recruit, train, etc. a new group of youth for the TSO term beginning January 1, 2004? Can you go from 50% FTE to 100% FTE?

We want existing CCG programs to link and collaborate with TSO but you cannot use the same providers and peer educators under this new project because you cannot supplant existing funding with TSO funding; You cannot use the same staff person for two streams of funding. We have already funded CCG for peer educators. For TSO, we want to see linkage but we want to see how you enhance and extend projects. You have to demonstrate that you are using the funding for more staff and expanding geographic area, etc. You need to extend or establish something new. You can extend a 50% FTE to 100% FTE using these funds. However, you need to show an increase in clients and services. You would have two different outcomes from I&E and TSO.

60. How much of the budget must go to pay for an evaluator?

Ten (10%) to fifteen (15%) percent.

61. If a program coordinator is working only on the evaluation portion of the grant can you place 10% FTE in the budget?

A program coordinator would need to be at least half time (50% FTE).